

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

BOARD OF VETERINARY MEDICINE - CLINICAL ACADEMIC LIMITED
CERTIFICATION OF APPOINTMENT TO AN ACADEMIC POSITION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS
INFORMATION REGARDLESS OF THE PAYMENT METHOD YOU USE

INSTRUCTIONS: Please type or print on this form. The Director of Medical Education must sign either Section A or Section B as appropriate.

Section A: Clinical Academic Limited Renewal - NO CHANGES

☐ I am continuing my academic appointment in the same program at the same location as shown on my current license.

| | | |
|---|--------------|-------------------------|
| First Name: | Middle Name: | Last Name: |
| Michigan Permanent I.D./License Number: | | Social Security Number: |

| | |
|---|-------|
| Signature of Director of Medical Education: | Date: |
|---|-------|

Section B: Clinical Academic Limited Renewal - WITH CHANGES

☐ I am continuing my academic appointment but will transfer to a **new hospital and/or program** as shown below.

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|---|--------------|-------------------------|
| First Name: | Middle Name: | Last Name: |
| Michigan Permanent I.D./License Number: | | Social Security Number: |

| | | |
|--------------------------|--------|-----------|
| Hospital Name: | | |
| Program Name: | | |
| Hospital Street Address: | | |
| City: | State: | Zip Code: |

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|---|-------|
| Signature of Director of Medical Education: | Date: |
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